

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23860

1. PLACE OF DEATH

County Monroe
Township W. 1st
City W. 1st (No. 1)

Registration District No. 595
Primary Registration District No. 4353

File No. 23860
Registered No. 23860
St. Mo. Ward 2

2. FULL NAME

(a) Residence No. 1 St. Mo. Ward 2
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Virginia S. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1873</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>1</u>	DAYS <u>15</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Abuse</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mining</u>
	10. Date deceased last worked at this occupation (month and year) <u>April 1933</u>
	11. Total time (years) spent in this occupation <u>9</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Albion, Ohio

13. NAME
Robert M. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

15. MAIDEN NAME
Lora G. Goff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

17. INFORMANT (ADDRESS)
Mrs. Virginia Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE
Albion, Ohio DATE Aug 2, 1933

19. UNDERTAKER (ADDRESS)
W. H. Goff

20. FILED Aug 2, 1933 Lorene W. Kuhne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933 to July 31, 1933
I last saw him alive on July 31, 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy)
Aug 26, 33
Other contributory causes of importance:
Arteriosclerosis 1931

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify R. G. Goff M. D.
(Signed) W. H. Goff (Address) Albion, Ohio

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1933

